



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **BILLIARD ROOM**

ADDRESS OF BUSINESS: **5229 N CLYDEBANK AVE, AZUSA, CA 91702**

TELEPHONE: **(626) 824-0723**

OWNER OF BUSINESS: **DIANA LORENA GARCIA**

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **COPA CABANA BAR**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

|   | <u>APPROVED</u> | <u>DATE</u> | <u>SIGNATURE</u> |
|---|-----------------|-------------|------------------|
| <input type="checkbox"/> 1. Animal Care & Control                   |                 |             |                  |
| <input type="checkbox"/> 2. Risk Management                         |                 |             |                  |
| <input checked="" type="checkbox"/> 3. Building & Safety            | YES             | 05/14/15    | tchen            |
| <input checked="" type="checkbox"/> 4. Fire Department              | YES             | 11/05/15    | tchen            |
| <input type="checkbox"/> 5. Public Health                           |                 |             |                  |
| <input type="checkbox"/> 6. Treasurer & Tax Collector               |                 |             |                  |
| <input checked="" type="checkbox"/> 7. Business License Commission  |                 |             |                  |
| <input checked="" type="checkbox"/> 8. Sheriff Department           | YES             | 11/19/15    | tchen            |
| <input checked="" type="checkbox"/> 9. Regional Planning Commission | YES             | 04/22/15    | tchen            |
| <input type="checkbox"/> 10. Weights and Measures                   |                 |             |                  |
| <input checked="" type="checkbox"/> 11. Publishing                  | YES             | 12/03/15    | tchen            |
| <input type="checkbox"/> 12. Public Works - EPD                     |                 |             |                  |
| <input checked="" type="checkbox"/> 13. Sheriff Fingerprint         | YES             | 11/19/15    | tchen            |
| <input type="checkbox"/> 14. Emergency Medical Services             |                 |             |                  |

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

ID # **142284**

Fee: \$ \_\_\_\_\_

BUSINESS INFORMATION

|   |  |   |                         |
|---|--|---|-------------------------|
| Name of Business: <b>Billiard Room, Public Entry</b>  |  | Address of Business: <b>5229 N. Clydebank Ave</b> |                         |
| DBA (Business Name): <b>Copa Cabana Bar</b>   |  | Business Telephone: <b>(626) 824-0723</b>         |                         |
| Mailing Address: <b>[REDACTED]</b>  |  | City/State/Zip: <b>Artesia, CA 91702</b>          |                         |
| Sellers Permit # (State Board of Equalization): <b>AP 102-674059</b>  |  |   |                         |
| Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> |  |   |                         |
| If LLC or Corporation, the information below is required:   |  |   |                         |
| Date of Incorporation: <b>7-16-07</b>   |  | Incorporated in the State of: <b>Calif.</b>       |                         |
| Exact Corporate Name: <b>Michael's Inn Inc</b>  |  |   |                         |
| Names of Officers   |  | Addresses   | Titles                  |
| <b>Edgar G. Arzate</b>  |  | <b>[REDACTED]</b>                                 | <b>President</b>        |
| <b>Diana L. Garcia</b>  |  | <b>[REDACTED]</b>                                 | <b>Secretary-Treas.</b> |

APPLICANT INFORMATION

|  |                           |                                    |  |
|--|---------------------------|------------------------------------|--|
| Applicant's Full Name: <b>Diana Lorena Garcia / Edgar G. Arzate</b>      |                           |                                    |  |
| Home Address: <b>[REDACTED]</b>  |                           |                                    |  |
| Home Telephone: <b>[REDACTED]</b>  |                           | Cell Phone: <b>[REDACTED]</b>      | Email address: <b>Dycan2@msn.com</b>                       |
| Social Security #: <b>[REDACTED]</b>                                     |                           | Date of Birth: <b>[REDACTED]</b>   | Place of Birth: <b>[REDACTED]</b>                          |
| Driver's License or State ID: <b>[REDACTED]</b>                          |                           | Expiration Date: <b>[REDACTED]</b> |  |
| Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> | Height: <b>[REDACTED]</b> | Weight: <b>[REDACTED]</b>          | Hair Color: <b>[REDACTED]</b> Eye Color: <b>[REDACTED]</b> |

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: **4-21-15** Applicant's Signature: **[Signature]**

Application taken by: **[Signature]** Date: **4/21/2015**

\* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: BILLIARD ROOM

ADDRESS OF BUSINESS: 5229 N CLYDEBANK AVE, AZUSA, CA 91702

[REDACTED]  
OWNER OF BUSINESS: DIANA LORENA GARCIA

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: COPA CABANA BAR

MAILING ADDRESS [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: Martin Barco

DATE: 5-11-15



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109. P.O. Box 54970. Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: BILLIARD ROOM

ADDRESS OF BUSINESS: 5229 N CLYDEBANK AVE, AZUSA, CA 91702

TELEPHONE: (626) 824-0723

OWNER OF BUSINESS: DIANA LORENA GARCIA

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: COPA CABANA BAR

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

10/29/15

BASIC LICENSE NO. 0441

DATE 08/20/15

IDENTIFICATION NUMBER 142284

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

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**BUSINESS LICENSE  
APPLICATION REFERRAL**

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ADDRESS OF BUSINESS: 5229 N CLYDEBANK AVE, AZUSA, CA 91702

TELEPHONE: (626) 824-0723

OWNER OF BUSINESS: DIANA LORENA GARCIA

915-00553-3410-446

CAL. DR. LIC.# [REDACTED] & ARZATE, EDGAR

NAME OF PERSON FINGERPRINTED:

915-00554-3410-446

FICTITIOUS NAME: COPA CABANA BAR

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT**

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

[Signature]

DATE:

6/30/15

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR  
BUSINESS LICENSE SECTION  
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING  
320 W. TEMPLE STREET, 13<sup>TH</sup> FLOOR, ROOM 1360  
LOS ANGELES, CALIFORNIA 90012

FROM: BUSINESS LICENSE SECTION  
225 NORTH HILL STREET ROOM 109  
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: ~~\$365.00~~  
\$365.00

TELEPHONE: (213) 974-2011  
FAX: (213) 633-5427

DATE: Dec 29 2014

ID#: 142284

TYPE OF BUSINESS AND CODE: Billiard Room, Public Eating, Coin  
Photograph

BUSINESS ADDRESS: 5229 Cleyde Bank Ave

CITY: Los Angeles 91702 APN#: 2619-016-006

NAME OF OWNER: Michael's Co. Inc / Edgar & Co PHONE#:

D.B.A./NAME OF BUSINESS: Copa Cabana Bar CELL PHONE: [REDACTED]

MAILING ADDRESS: [REDACTED]

E-mail ADDRESS:

To be completed by Regional Planning

RBUS RBUS 201500024

EXISTING USE: New ( ) Renewal ☒

PROJECT # 2015-00085

CELL PHONE #:

USE PERMITTED IN ZONE C-3-BE USE NOT PERMITTED IN ZONE:

APPROVED ☒ DENIED: ok

REMARKS: No more than three (3) billiard  
tables on site. Previous approval 5/11/83  
One Coin Photograph

DEPARTMENT OF REGIONAL PLANNING  
320 W. TEMPLE STREET, 13<sup>TH</sup> FLOOR  
HALL OF RECORDS  
LOS ANGELES, CALIFORNIA 90012

SIGNATURE: Doug Chastain DATE: 3/11/15

THIS IS ONLY A BUSINESS LICENSE REFERRAL AND AN APPROVAL DOES NOT CONSTITUTE A BUSINESS LICENSE. YOU MUST RETURN REFERRAL TO THE TREASURER AND TAX COLLECTOR TO CONTINUE THE LICENSE. IF YOU HAVE ANY QUESTIONS PLEASE CALL 213/974-2011